ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | 71531 | 1.27.01 |
| O.I.P.E. CLASSIFIER | | | 11-29 |
| FORMALITY REVIEW | | 71531 | 1.27.01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| = | ................................. Allowed | I | ................................. Interference |
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If more than 150 claims or 10 actions
staple additional sheet here

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